Kala-azar and Japanese Encephalitis in endemic areas as a Centrally Sponsored Scheme on 50; 50 cost sharing basis.

Deadly insecticides rooted through Kandia Port

2233. SHRI J. P. GOYAL; Will the Minister of SURFACE TRANSPORT be pleased to state :

(a) whether his attention has been drawn to the news item which appeared in the Blitz dated the 6th February, 1988 with the caption Delay insecticides routed through Kandia';

(b) if so, what are the details in this regard;

(c) what are the reasons the Kandia Port Trust authorities allowed unloading of hazardous and toxic chemicals which ,ire included in the schedule of the Insecticides Act; and

(d) what action has been taken in the matter ?

THE MINISTER OF STATE OF THE MINISTRY OF SURFACE TRANSPORT (SHRI RAJESH PILOT): (a) Yes, Sir.

'b) to (d) In January 1988, owing to wrong declaration of goods by the ships agent (Kandia Port Trust pormitted discharge of a commodity included in the schedule to the Insecticides Act, 1968. Show cause notice has been issued to the shipping agent by Kandia Port Trust for wrong declara!ion|variation in description _

Secondly, two containers with description of goods as Electroplating Salt Gra-nual (Potassium (ynamide) were imported by two different vessels in May/June 1987, These containers have been confiscated by Customs for non-payment of auty and fine. Tfes importers have gone to Court. The cargo cannot be cleared till the matter is settled in the Court. These containers have been stored in a fenced area specially earmarked for hazardous cargo.

Cancer Patients and Treatment in the Hospitals in Delhi

2234. DR. MOHD. HASHTM KID-WAI; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state ;

(a) the number of patients of Cancer admitted in Delhi hospitals during the last three years, year-wise;

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(b) the number cf patients of Cancer who died in these hospitals during this period;

(c) whether there have been any increase or decrease in the death of patients of Cancer; and

(d) the details of the steps taken by the Government to fight this disease ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): fa) to (c) The information as available with the Government is indicated in the statement enclosed. *[Se$_e$* Appendix CXLV, Annexur$_e$ No. 80} .

(d) The information is given in the enclosed Statement. *(See* below).

Statement

Details of steps taken by the Government to fight cancer

The Rotary Cancer Hospital functioning in the All India Institute of Medical Sciences, New D^ihi$_i$ which has been re- cognised as a Regional Cancer Centre, is providing comprehensive combined multi-modality treatment to cancer patients.

Cobalt therapy facilities are available in All India Institute of Medical Sciences, Safdarjang Hospital and Lok Nayak Jai Prakash Narayan Hospital in New Delhi.

PAP Smear Units with Cancer Detection facilities ara available in the following Hospitals in Delhi :—

1. All India institute of Medical *i* Sciences New Delhi.
2. Safdarjang Hospital, New Delhi
3. Lady Harding Medical College and Smt. Sucheta Kriplani Hospital, Delhi.

4, Lok Nayak Jai Prakash Narayan Hospital, New Delhi.

5. Kasturba Hospital, New Delhi.

6. Hindu Rao Hospital, Delhi.

7. St. Stephen Hospital, Delhi.

8. Poly-Clinic Maternity Centre, R. K. Puram New Delhi.

9. Family Planning Association of India, New Delhi,

10. Maternity Centre, Lody Colony, New Delhi.

LI. Sir Ganga Ram Hospital, New Delhi.

12. Batra Hospital, Delhi.

Indian Cancer Society, Delhi branch also run, Early Cancer Detection Centres at Babar Road and Seemapuri.

Besides the above treatment facilities, Government have already undertaken Health Education programmes for prevention and Early Detection of Cancer through Radio, television, films and periodicals.

Government's/Missionaries Hospitals in the Country

2235. SHRI S. S AHLUWALIA ; Will the Minister of HEALTH AND FAMILY WELFARE'be pleased to state:

(a) the number of Government and Missionary Hospitals in the country (State-wise);

(b) the number of beds in each of the Government and Missionary Hospi tals in the country as on 31st December. J987;

(c) the number of posts sanctioned in each category and actually working in each category in each of the Govern ment and Missionaries Hospital; and

(d) the steps taken by the Govern ment to narrow the gap between the staff sanctioned and staff actually posted in Hospitals?

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THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROl KHAPARDE); (a) to (c) The required information in so far as the Central Government Hospitals in Delhi are concerned is given in the attached Annexure. *[See* Appendix CXLV, , Annexure No. 81]. As Medical and Public Health is a subject and under the State list, the Government of India does not have the information regarding the State Government and Mi.'ionary Hospitals throughout the country.

(d) In so far as Central Government Hospitals are concerned, 'immediate steps are taken to fill up the posts after tricy are created as per Recruitments. Rules prescribed for these posts. Group 'A' posts are filled up through Union Public Service Commission.

गैर–सरकारी क्षेत्र के लिए रेलवे वैगनों का आवंटन

2236. **डा० रत्नाकर पाण्डेय** : क्या रेल मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि कोयले की ढलाई के लिए गैर-सरकारी पक्षकारों को रेलवे वैगनों के आवंटन का काम निदेशक रेल संचालन के कलकत्ता स्थित कार्यालय द्वारा किया जाता है ;

(ख) क्या यह सच है कि रेलवे वैगनों के आवंटन से संबंधित कार्यक्रम मासिक आधार पर बनाए जाते हैं और इन्हीं कार्यक्रमों के आधार पर रेलवे वैगन आवंटित किये जाते हैं ;

(ग) क्या यह सच है कि इस त य के बावजूद कि 1987 के आवंटन कार्यक्रम के अधीन खुर्जा (उत्तर प्रदेश) का पिछला कोटा बकाया है इस बार खुर्जा को रेलवे वैगन आवंटित नहीं किये गए हैं जबकि 1988 के वर्ष के आवंटन कार्यक्रम के अधीन इसी स्थान के लिए एक रेक आवंटित की गई है ; और

(घ) यदि हां, तो उसके क्या कारण हैं और क्या सरकार इस मामले की